

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>D.B.</i>	<i>2000</i>	<i>10/10/00</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>12</i>	<i>10/10/00</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>Am</i>	<i>04830</i>	<i>11-4</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	05/26/02
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
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If more than 150 claims or 10 actions  
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09/11/00

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